

Customer No. 24498  
Serial No.: 10/781,418

Docket No.  
PF030039

1FW/



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Philippe Morel, et al.  
Serial No. : 10/781,418  
Filed : February 18, 2004  
For : VIDEO DEVICE AND METHOD FOR SYNCHRONISING TIME BASES OF VIDEO DEVICES  
Examiner : Michael Lee  
Art Unit : 2622

INFORMATION DISCLOSURE STATEMENT

- ☒ [ X ] 1 Pursuant to 37 CFR 1.97(b)  
[within 3 months of filing or prior to 1st Office Action]  
☐ [ ] 2 Certification Pursuant to 37 CFR 1.97(c)  
[before Final Office Action or Allowance]  
☐ [ ] 3 Fee Payment Pursuant to 37 CFR 1.97(c)  
[before Final Office Action or Allowance]  
☐ [ ] 4 Petition, Certification & Petition Fee Payment Pursuant to 37 CFR 1.97(d)  
[before issue fee payment]

Hon. Commissioner for Patents  
P. O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

The following are submitted in the above-identified application in compliance with 37 CFR 1.97 & 1.98:

☒ [ X ] 5 A list of documents on form PTO-ISB/08a together with copies of each identified-document, and a translation or a concise explanation of each non-English language document is enclosed herewith.

This paper is submitted in accordance with:

- ☒ [ X ] 6 37 CFR 1.97(b): [within 3 months of filing or prior to 1st Office Action]  
☐ [ ] 7 37 CFR 1.97(c): [before Final Office Action or Allowance, whichever is earlier]; and  
☐ [ ] 8 The required certification made in item 11 below; or  
☒ [ X ] 9 The \$180.00 fee specified in 37 CFR §1.17(p) for submission of this Information Disclosure Statement is authorized in item 14 below.  
☐ [ ] 10 37 CFR§ 1.97(d): [before issue fee payment]; and  
(a) This is a petition for consideration of the subject Information Disclosure Statement. The petition fee (\$130.00) required by 37 CFR 1.17(i)(1) is authorized in item 14 below. (Direct this letter to "Attention PETITIONS EXAMINER" and if applicable include batch locator information: e.g., "Allowed Files, Batch N/A, Date of Allowance N/A"), and  
(b) The required Certification is stated in item 11 below.

02/01/2008 WAFSAW1 00000023 070832 10781418  
01 FC:1806 180.00 DA

☐ 11 Certification

☒ 12 Each item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Statement; or

☐ 13 No item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the person signing this document after making reasonable inquiry, was known to any individual designated in 37 CFR 1.56(c) more than three (3) months prior to the filing of this Statement.

☒ 14 Please charge the applicable fees associated with the submittal of this Information Disclosure Statement to Deposit Account No. 07-0832. An original and one (1) copy of this document is enclosed.

Respectfully Submitted,

Philippe Morel, et al.

BY: 

William A. Lagoni, WAL PATENTS  
Registration No. 47,730  
(317) 587-4029

THOMSON Licensing LLC  
Patent Operations  
P.O. Box 5312  
Princeton, New Jersey 08543-5312

DATE: January 30, 2008

Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in a postage paid envelope addressed to: Commissioner for Patents, Alexandria, Virginia 22313-1450 on the date indicated below.

Date: 1/30/08

Signature 

Form IDS Ltr.  
(05/2005)

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
for FY 2008☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 180.00**Complete if Known**

Application Number	10/781,418
Filing Date	February 18, 2004
First Named Inventor	Philippe Morel, et al.
Examiner Name	
Art Unit	2622
Attorney Docket No.	PF030039

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit card ☐ Money Order☐ None☐ Other (please identify): \_\_\_\_\_

Customer Number 24498

☒ Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Small Entity	Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
-----	-----

Multiple dependent claims

360	180
-----	-----

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 20 or HP = _____	x _____	= _____	

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____		

HP = highest number of total claims paid for, if greater than 20.

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____		

**4. OTHER FEE(S)**

IDS Submission

Fees Paid (\$)
180.00

**SUBMITTED BY**

Name (Print/Type)	William X. Lagoni	Registration No. (Attorney/Agent)	47,730	Telephone	317-587-4029
Signature				Date	1/30/08

